



ST JOHNS COUNTY SHERIFFS OFFICE
4015 LEWIS SPEEDWAY
ST. AUGUSTINE, FL

REPORT NUMBER
SJSO55ARR022979

ARREST REPORT

Report Date / Time 04/06/2019 06:04 AM	Agency Case/Offense Number SJSO19OFF003402	OCA / Agency ID	OBTS Number 5504019224	Offender Based Transducer System Jail Booking Number 19-1567	Other Number SJSO19CAD068139
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LOCATION OF OCCURRENCE

County ST. JOHNS	Address 701 CYPRESS CROSSING TR, ST AUGUSTINE, FL 32095
Range of Occurrence Date/Time 04/06/2019 02:03 AM to 04/06/2019 02:03 AM	
Latitude	Longitude

PERSON: SUSPECT

First Name STEPHEN	Middle Name SCOTT	Last Name MCDANIEL	Suffix	Date of Birth 07/30/1965	Age 53	Race W	Sex M	Height 601	Weight 0	Hair	Eyes
Master Name Index Number	Place of Birth	Nation	SSN	Driver's License or Other ID M235797652700		State FL	Class or Type E				
Address 1491 NORTH LOOP PARKWAY		City ST AUGUSTINE	State ST JOHNS	State FL	Zip Code 32095	Phone					

CHARGES

Counts 1	Charge Number 784.03.1a1	Charge BATTERY
Charge Degree FIRST DEGREE	Charge Level MISDEMEANOR	General Offense Code PRINCIPAL
TOUCH OR STRIKE		<input type="checkbox"/> Hate Crime <input checked="" type="checkbox"/> Domestic Violence <input type="checkbox"/> Bond Amount

PROBABLE CAUSE

The undersigned certifies and swears that there is probable cause to believe the above-named defendant, who was positively identified by his Florida Driver's License, on the 6th of April, 2019, at approximately 4:14 [x] A.M. [] P.M. at 1491 North Loop Parkway within St. Johns County, violated the law and did then and there:

F.S.S 784.03.1a1 Simple Battery (Domestic Violence)

The defendant did actually and intentionally touch or strike the victim against the will of the victim or did intentionally cause bodily harm to the victim. The victim and the defendant were previously married for approximately 16 years, and together for a total of 25 years. The defendant and the victim have two children in common and are currently in an intimate and dating relationship.

The victim stated she was at her residence, which she is currently selling at 701 Cypress Crossing Trails, when the defendant came over after drinking at the bars in downtown St. Augustine. The victim stated the defendant was angry because she would not pick him up from the one of the bars. The victim stated the defendant was also angry over allegations of the victim cheating on the defendant and a verbal argument ensued.

The victim stated the verbal argument escalated when the defendant became physical with her. The victim stated the incident was a blur, but the defendant had the victim on the bed, was on top of her with his knee pressing down on her left forearm. The victim stated her hair was in her face when the defendant placed one hand on her mouth and nose causing her to have some trouble breathing. The victim is unsure of which hand was used due to her hair in her face and unable to see clearly. It is to be noted, the victim never lost consciousness. The victim stated the defendant had his hand on the left side of her face holding her down.

The victim stated the defendant picked up a lamp and was standing next to the bed, and was shaking the lamp. The victim believed the defendant was going to kill her.

The victim did not wish to complete an audio statement of the incident. It is to be noted, the victim was shaken up, crying, and appeared to be terrified. A bruise was observed on the victim's left eye, along with a laceration under her upper lip. Red marks were observed on the victim's neck. Photographs were taken of the victim's injuries. The victim did not want to receive medical attention when asked.

The victim answered "no" to the first two questions of the SJSO Domestic Violence Threat Level Assessment Guide. The victim was hesitant to answer the last question regarding if she believed the defendant is capable of killing her. The victim chose to not answer the question.

Contact was made with the defendant at 1491 North Loop Parkway. The defendant was read his Constitutional Rights from an agency issued card. The defendant waived his rights and agreed to answer questions, but did not want to provide an audio recording.

The defendant stated he went to the bars in downtown St. Augustine and drank, but then later stated he did not drink. The defendant stated he asked the victim for a ride back to his residence, but she refused. The defendant stated he took an Uber to her home where a verbal altercation ensued. The defendant stated he never became physical with her, but she began throwing things around the house. The defendant stated he put his hand over her mouth to prevent her from screaming. The defendant once again denied a physical altercation occurred.

A small cut was observed on the top of the defendant's left hand. When asked where the cut came from, the defendant stated he was unsure. Photographs of the defendant's injuries were taken.

Citation No. _____

Domestic Violence: [X]

Probation: [] Yes [X] No If yes, Location: _____ Sexual Predator: [] Yes [X] No

English: [X] Yes [] No _____ Deaf/Mute: [] Yes [X] No

Attachments, Statements: [X] Traffic Citations: [] DUI: []

Domestic Violence Threat Level Assessment

ARREST REPORT

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1. Has perpetrator ever used a weapon against you or threatened you with a weapon? Yes ☐ No ☒
 2. Has perpetrator threatened to kill you or your children? Yes ☐ No ☒
 3. Do you think perpetrator is capable of killing you? Yes ☐ No ☐ Refused ☒
 4. GPS Electronic Monitoring is requested if one or more are checked yes. Yes ☒ No ☐

LEO BOND
 Bond Amount \$ _____

COURT APPEARANCE INFORMATION
 Court
 ST JOHNS COUNTY COURT
 Court Address
 4010 LEWIS SPEEDWAY, ST AUGUSTINE, FLORIDA 32084
 Court Phone
 (904) 819-3600
 Court Date & Time

 Instructions

ARREST INFORMATION
 Arrest Date / Time
 04/06/2019 04:14 AM
 Residency
 Within jurisdiction
 Injured
 None
 Extent of Injury
 N/A
 Resist Arrest
 No
 Prior Arrests
 Unknown
 Arrest Jurisdiction
 Within jurisdiction
 Alcohol
 Yes
 Drugs
 No

ARREST LOCATION
 County
 ST. JOHNS
 Address
 1491 NORTH LOOP PARKWAY, ST AUGUSTINE, FL 32092

ARREST DELIVERED TO
 Jail / Booking Facility
 ST. JOHNS COUNTY JAIL
 Location
 3955 LEWIS SPEEDWAY, ST. AUGUSTINE, FL 32084
 Phone
 904-824-8304

ARRESTING OFFICER
 Officer Call Number
 3899
 Officer Name
 BROWN, BENJAMIN R
 Officer Signature
 [Signature] 10671

Subscribed and sworn to (or affirmed) before me this 6th day of April A.D., 2019 by B. Brown who is per personally known to me or has produced _____ as identification.
C. Norton 10842 Notary Public LEO CO Commission No: _____ My Commission Expires: _____
 Signature

LAW ENFORCEMENT VICTIM NOTIFICATION CARD

(ATTACH TO ARREST REPORT)

DEFENDANT'S NAME McDaniel, Stephen
 NAME OF VICTIM Alexis McDaniel
 ADDRESS 701 Cypress Crossing
 CITY St. Augustine STATE FL ZIP 32095
 TELEPHONE # _____
 CELL PHONE # 904-377-6099
 OFFICER NAME _____

REPORT # SJSO1106FF003402 DATE 4-6-19
 NAME OF SECOND LEVEL CONTACT Theresa Littlefield
 ADDRESS 495 Wingstone Dr
 CITY Ponte Vedra STATE FL ZIP 32081
 TELEPHONE # _____
 CELL PHONE # 904-654-4391

() NOTIFICATION WAIVED

SIGNATURE OF VICTIM OR DESIGNEE

ATTEMPTED CONTACT PRIOR TO RELEASE:
 ATTEMPTED CONTACT AFTER RELEASE:
 ATTEMPTED CONTACT AFTER RELEASE:
 ATTEMPTED CONTACT AFTER RELEASE:
 ATTEMPTED CONTACT AFTER RELEASE:

DATE _____
 DATE _____
 DATE _____
 DATE _____
 DATE _____

TIME _____
 TIME _____
 TIME _____
 TIME _____
 TIME _____

SUCCESSFUL? _____
 SUCCESSFUL? _____
 SUCCESSFUL? _____
 SUCCESSFUL? _____
 SUCCESSFUL? _____

NAME OF PERSON CONTACTED _____

BOOKING STAFF _____

LETTER MAILED _____ DATE OF LETTER _____

BOOKING STAFF _____

VICTIM NOTIFICATION INFORMATION FOR RELEASE TO VICTIM OR DESIGNATED CONTACT PERSON ONLY

CONFIDENTIAL

ON 4/6/19
 (Date)

I, Alexis McDaniel
 (Print Victim's Name)

RECEIVED A COPY OF THE VICTIM RIGHTS GUIDE.

B. Brown #10671
 (Deputy's Name)

EXPLAINED THE CONTENTS AND ADVISED OF A PROBABLE NO CONTACT ORDER.

[Signature]
 SIGNATURE OF VICTIM

REVISED 02/19/19

SJSO-311A

ADDITIONAL VICTIM CONTACT INFORMATION

WORK Watson Reality
 SUPERVISOR'S NAME _____
 ADDRESS 175 Hampton Pt Dr.
 CITY St. Augustine STATE FL ZIP 32092
 TELEPHONE # _____

SCHOOL _____
 CONTACT NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE # _____

SECONDARY ADDRESS _____
 EXPLANATION _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE # _____
 CELL PHONE # _____

THIRD LEVEL CONTACT _____
 EXPLANATION _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE # _____
 CELL PHONE # _____

REVISED 02/19/19

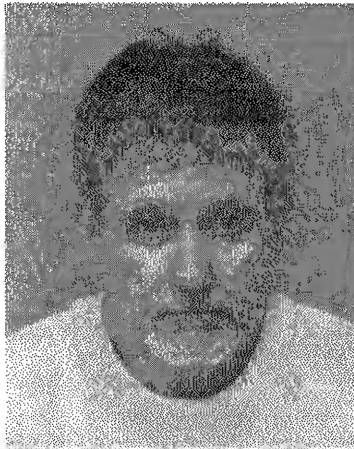
SJSO-311B



ST. JOHNS COUNTY SHERIFF'S OFFICE
MCDANIEL, STEPHEN SCOTT
Booking Information



☐ High Profile ☐ Suicidal ☐ Escape Risk ☐ Hold For:



Booking #: SJSO19JBN001567 **MNI:** SJSO09MNI028065 **Cell:** SJSO* BKG*002*003

Address: 1491 N LOOP PARKWAY ST AUGUSTINE, FL

Phone: (304)838-0542 **DOB:** 07/30/1965 **BIRTHPLACE:** CLARKSBURG, WV

CITIZENSHIP: **FBI POB:** WV **MARITAL STATUS:** Unmarried

RACE: W **SEX:** M **HGT:** 601 **WGT:** 0 **HAIR:** BRO **EYES:** BLU **SSN:** [REDACTED]

FBI: **SID:** **DL:** M235797652700 **STATE:** FL

Inmate Phone PIN::

Occupation: DIRECTOR **Employer:** WV DIVISION OF NAT. RESOURCES **Phone:**

Booked: 4/6/19 04:37 **Booked By:** NELSON, RONALD B JR

Released: **Searched By:** PALMER, TAYLOR J

Photo By: PALMER, TAYLOR J

Print By: PALMER, TAYLOR J

- I have been advised any property valued over \$100 is to be released or mailed at my own expense within five (5) days.
- I understand that my phone/canteen passcode are confidential and created by me. I will not share this number with anyone. I am fully responsible for all usage and monetary obligations associated with the passcode. SJSO is not responsible for loss of funds to my account.

Inmate Signature

Officer Signature

Witness Signature



ST. JOHNS COUNTY SHERIFF'S OFFICE

MCDANIEL, STEPHEN SCOTT

Case/Charge Report



SJSO19JBN001567

SJSO09MNI028065

SJSO* BKG*002*003

Court Case Number: 000-0000

Arrest Information:

Arrest: SJSO55ARR022979 Offense: SJSO19OFF003402 OBTS: 5504019224

Agency: ST. JOHNS COUNTY SHERIFF'S OFFICE Officer: BROWN, BENJAMIN R

No: 3899

Bond Information:

Court: Bond: NO BOND \$0.00

Comments:

Sentence Information:

☐ Gain Time ☐ Work Time ☐ Disability Time ☐ Part Time ☐ DOC

Start: - Length: -

CTS: - Credit: - Worked: -

End: - Served: -

Charges:

Statute: 784.03.1a1 TOUCH OR STRIKE

Counts: 1 BATTERY

Status: PENDING Bond:

Comments: DOMESTIC

Inmate Signature

Witness Signature

Officer Signature